



State of Nebraska
Nebraska Commission for the Deaf and Hard of Hearing
4600 Valley Road, Suite 420
Lincoln, NE 68510-4844



Form I: Application for Reinstatement of License
(Must accompany license application)

Section A — Personal Information:

1. Legal Name: _____ Birth date: ____/____/____

2. Social Security Number: ____-____-____ RID Membership Number: _____

3. Mailing Address: _____
 (Street/Apt. #/P.O. Box/Route)

 (City)

 (State)

 (Zip Code)

4. Home Telephone: _____ Business or Cell Phone: _____

5. E-mail Address: _____

6. **Submit a copy of one of the following picture IDs:**

☐ Driver's License ☐ Passport ☐ Other: _____

7. **Moral Character:**

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, official court records relating to the conviction and disposition must be submitted along with a letter from you explaining your conviction.

Have you ever been disciplined, or are currently the subject of any disciplinary action, in any jurisdiction, related to providing interpreting services or adhering to either the RID Code of Ethics or the NAD-RID Code of Professional Conduct? ☐ Yes ☐ No

If yes, submit the type of action, date, and name and address of the entity taking such action along with an explanation letter from you.

Reason For Expiration/Revocation of Your License:

- ☐ Nonpayment of Renewal Fees
- ☐ Failure to Maintain required Certification or Assessment Level
- ☐ Failure to Acquire the required Continuing Education Units
- ☐ Revocation (explain why disciplinary action was taken against your license or why your license was revoked):

Section B — License Application Category (check one):

☐ Interpreter and/or Transliterator ☐ Specialty ☐ Provisional ☐ Limited Practice

Section C — Eligibility Requirement for Reinstatement:

Payment of License Fee plus Reinstatement Fee of \$75.00. Reinstatement fees are nonrefundable.

I have enclosed:

___ \$225.00 (\$150.00+\$75.00) for Interpreter/Transliterator License

___ \$125.00 (\$50.00+\$75.00) for Specialty License

___ \$125.00 (\$50.00+\$75.00) for Provisional License

___ \$100.00 (\$25.00+\$75.00) for Limited Practice License

___ Documentation of required certificate or assessment level

___ A statement written by me containing the rationale for requesting license reinstatement

Section D — Certification of Applicant:

I hereby agree that I have knowledge of and comply with the standards set forth in the Regulations Governing the Practice of Interpreting or Transliterating as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I also certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the Regulations Governing the Practice of Interpreting or Transliterating.

Signature of Applicant

Date

Make check or money order payable to: Nebraska Commission for the Deaf and Hard of Hearing
Send application, all required documents and licensure fee to:

Nebraska Commission for the Deaf and Hard of Hearing
Attention: Licensing
4600 Valley Road Ste 420
Lincoln NE 68510